

**APPLICATION DATA SHEET****Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: ACTIVATION AND EXPANSION OF CELLS

Attorney Docket Number:: 980034.417C5

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 52

Small Entity?:: Yes

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?:: No

**First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Ronald  
Middle Name:: J.  
Family Name:: Berenson  
Name Suffix::  
City of Residence:: Mercer Island  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: P.O. Box 1597  
City of mailing address:: Mercer Island  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98040

**Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: Che  
Middle Name::  
Family Name:: Law  
Name Suffix::  
City of Residence:: Shoreline  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 18834 Fremont Avenue North

City of mailing address:: Shoreline  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98133

**Third Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name::  
Family Name:: Bonyhadi  
Name Suffix::  
City of Residence:: Issaquah  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 27187 Southeast 27th Street  
City of mailing address:: Issaquah  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98029

**Fourth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Narinder  
Middle Name::  
Family Name:: Saund

Name Suffix::  
City of Residence:: Seattle  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 919 Northwest 122nd Street  
City of mailing address:: Seattle  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98177

**Fifth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: Stewart  
Middle Name::  
Family Name:: Craig  
Name Suffix::  
City of Residence:: Issaquah  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 1789 267th Court Southeast  
City of mailing address:: Issaquah  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98029

**Sixth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Alan  
Middle Name::  
Family Name:: Hardwick  
Name Suffix::  
City of Residence:: Seattle  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 6212 Atlas Place Southwest  
City of mailing address:: Seattle  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98104

**Seventh Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Dale  
Middle Name::  
Family Name:: Kalamasz  
Name Suffix::  
City of Residence:: Redmond  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 12045 184th Avenue Northeast

City of mailing address:: Redmond  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98052

**Eighth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name::  
Family Name:: McMillen  
Name Suffix::  
City of Residence:: Seattle  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 2712 57th Avenue Southwest  
City of mailing address:: Seattle  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98116

**Tenth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: Harjinder  
Middle Name:: Singh  
Family Name:: Chana

Name Suffix::

City of Residence:: Issaquah

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 5285 236th Place Southeast

City of mailing address:: Issaquah

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98029

**Correspondence Information**Correspondence Customer Number :: **00500****Representative Information**

Representative Customer Number::		<b>00500</b>
----------------------------------	--	--------------

**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	10/350,305	01/22/03
10/350,305	Continuation-in-part of	10/187,467	06/28/02
10/187,467	Continuation-in-part of	10/133,236	04/26/02
10/133,236	Continuation-in-part of	09/960,264	09/20/01
09/960,264	Continuation-in-part of	09/794,230	02/26/01
09/794,230	An application claiming the benefit under 35 USC 119(e)	60/184,788	02/24/00

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
09/794,230	An application claiming the benefit under 35 USC 119(e)	60/249,902	11/17/00

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	XCYTE Therapies, Inc.
Street of mailing address::	1124 Columbia Street Suite 130
City of mailing address::	Seattle
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98104

448622\_1.DOC [9/19/01]